

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90086 029 \*\*\*\*61.25

**DOCUMENT # N97000002797**

1. Entity Name

**MAGNOLIA PARK HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

3847 INDIAN TRAIL  
 DESTIN FL 32541

Mailing Address

P O BOX 5415  
 DESTIN FL 32540  
 US

2. Principal Place of Business

**240 Bent Arrow Dr.**

3. Mailing Address

**PO Box 1811**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Destin, FL**

City & State

**Destin, FL**

Zip

**32541**

Country

**US**

Zip

**32541**

Country

**US**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**59.3666145**

6. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A**  
**501 HIGHWAY 98 E, STE. G**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **NORMA HAMON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**240 Bent Arrow Dr.**  
 City **Destin FL** Zip Code **32540**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Bruce Haught*

(NOTE: Registered Agent signature required when reinstating)

DATE

**8-2-00**

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CANNON, SHANE L</b><br><b>3847 INDIAN TR.</b><br><b>DESTIN FL 32541</b>      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RORSI, DANIEL</b><br><b>340-A BROOKS ST</b><br><b>FT WALTON BCH FL 32548</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CAMPBELL, DAVID</b><br><b>P O BOX 5977</b><br><b>DESTIN FL 32540</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President / Director</b><br><b>NORMA HAMON</b><br><b>240 Bent Arrow Dr.</b><br><b>Destin FL 32540</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Secretary / Director</b><br><b>TAMARA BARROW</b><br><b>233 Bent Arrow Dr.</b><br><b>Destin FL 32540</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>DUSTIN ROGERS</b><br><b>225 Bent Arrow Dr.</b><br><b>Destin FL 32540</b>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

**7-13-00**

Date

**80674-8990**

Daytime Phone #

CR2E037 (5/00)